

Norfolk Department of Public Health - Bureau of Laboratories

830 Southampton Ave., Norfolk, VA 23510

Phone # : 683-2746

Fax #: 683-8878

BLOOD LEAD RESULTS

Date Received:

Analyst:

Lab No.

Patient Information: *(Please Print Plainly)*

Physician _____

(ID stamp)

Patient Name

(Label or Stamp)

Last

First

Address: _____

City: _____ State: _____ Zip _____

Sex: _____ DOB: _____ / _____ / _____ Age: _____ Funding: _____ Public _____ Self _____ Other _____

Race: *(Check)* _____ White _____ Black _____ Hispanic _____ Asian _____ Other _____

Parent/Guardian: _____

SS# _____ / _____ / _____

Tel No.: *(Home)* _____ *(Work)* _____

Report Results To:

(Please Print a Complete Address or Paste a Label)

Blood Sample Information

(circle)

1. Capillary

2. Venous

3. Initial

4. Follow-up

5. Walk-in

Blood Drawn by: _____ Date Collected: _____ Lab No.: _____

Hct: _____

Hgb: _____

(Normal Range 34-43%)

(Normal Range 9.5 - 15.5%)

Tech: _____

Date: _____ / _____ / _____

LEAD LABORATORY RESULTS

Lead _____ mcg/dL

(Normal Range : Child < 10 yrs - Blood Lead < 10 Microgm/dL)

1 () Venipuncture Confirmation Suggested *(value >, = 15 mcg/dL)*

2 () QNS

3 () Single Blood Test

4 () Needs Follow-up *(value >, = 10mcg/dL)*

Analyst: _____

Date Tested: _____

Reviewer: _____

Date Reported: _____

